

MONTGOMERY COUNTY **EXECUTIVE REGULATION**

Offices of the County Executive • 101 Monroe Street • Rockville, Maryland 20850

Subject	Number
Emergency Medical Service Reimbursement Program	14-25
Originating Department	Effective Date
Montgomery County Fire and Rescue Service	

Montgomery County Regulation on:

EMERGENCY MEDICAL SERVICE REIMBURSEMENT PROGRAM

Montgomery County Fire and Rescue Service

Issued by: County Executive COMCOR 21.23A.01 Authority: Code Section 21-23A Supersedes: Executive Regulation 6-20 Council Review Method (2) Under Code Section 2A-15 Register Vol. 42 , No. 5

Comment Deadline: May 31, 2025 Effective Date: Sunset Date: None

SUMMARY: This Regulation establishes: (1) an emergency medical services reimbursement

> schedule; and (2) a requirement that an individual who receives emergency medical services provide certain information and execute an assignment of

certain health insurance benefits.

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Montgomery County Fire and Rescue Service

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COMCOR 21.23A.01 Emergency Medical Services Reimbursement Program

21.23A.01.01 Reimbursement Schedule

- a. In [imposing and] collecting the emergency medical services [transport] reimbursement authorized under Code Section 21-23A, the Fire Chief must comply with all applicable provisions of 42 CFR parts 410 and 414, Fee Schedule for Payment of Ambulance Services and Revisions to the Physician Certification Requirements for Coverage of Non-emergency Ambulance Services.
- b. The Fire Chief must impose the emergency medical services [transport] reimbursement according to the following schedule:
 - i. [\$8.50] \$20.00 per mile, one way, from point of pick up to the health care facility; plus

Basic Life Support – Non-Emergency*	[\$400.00] <u>\$700.00</u>
Basic Life Support – Emergency*	[\$500.00] <u>\$750.00</u>
Advanced Life Support – Level 1 – Non-Emergency*	[\$450.00] <u>\$850.00</u>
Advanced Life Support – Level 1 – Emergency*	[\$600.00] \$900.00
Advanced Life Support – Level 2*	[\$850.00] <u>\$1,200.00</u>
Specialty Care Transport*	[\$950.00] <u>\$1,500.00</u>
Mobile Integrated Health Visit	<u>\$150.00</u>
	Basic Life Support – Non-Emergency* Basic Life Support – Emergency* Advanced Life Support – Level 1 – Non-Emergency* Advanced Life Support – Level 1 – Emergency* Advanced Life Support – Level 2* Specialty Care Transport* Mobile Integrated Health Visit

^{*} The terms in the schedule are as defined in 42 CFR Parts 410 and 414.

21.23A.01.02 Required Information; Assignment of Benefits

a. If required by the Fire Chief, each individual who receives [an] emergency medical services [transport] must furnish to the County, or its designated agent: (i) information pertaining to the individual's health insurer (or other applicable insurer); and (ii) financial information that the Fire Chief determines is necessary for determination of granting a waiver of the reimbursement.



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b.	b. Each insured individual who receives [an] emergency medical services [transport] must execute an assignment of benefits necessary to permit the County to submit a claim for the reimbursement to the applicable third-party payor.				
21.23A.01.03 Severability					
If a court [of final appeal] holds that any part of this regulation is invalid, that ruling does not alter the validity of other parts of the regulation.					
21.23A.01.04	Effective Date				
This regulation is effective on the date that the Council approves this regulation under Section 2A-15(f).					
Approved:					
Marc Elrich, O	County Executive	Date			
APPROVED AS TO FORM AND LEGALITY					
OFFICE OF THE COUNTY ATTORNEY					
Elizabeth	do	4/18/2025			
Assistant Cou	nty Attorney	Date			
Assistant Cou	inty ratiofficy	Date			